

Please complete the below form to process your application. We are unable to continue with your application until the Kidney Cancer UK Healthcare Professional team has received your details.

Full name:	
Title:	
Date of birth:	(DD/MM/YYYY)
Postal address:	
Email address:	
Telephone number:	
GP name and address:	
Hospital Consultant/Surgeon (if applicable)	

Please give a brief outline of why you'd like to undergo counselling session with Kidney Cancer UK

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Terms and Conditions

By ticking the below boxes, you're confirming you have read and understood T&Cs

- ☐ I can confirm I have read the Terms & Conditions (linked above) and understand the all terms and commitments of Kidney Cancer UK counselling sessions.
- ☐ I'd like to receive email and phone marketing from Kidney Cancer UK
- ☐ I give consent for Kidney Cancer UK to keep personal details on file for the duration of my counselling sessions
- ☐ I can confirm I have a safe, comfortable and quiet environment to attend my virtual counselling sessions